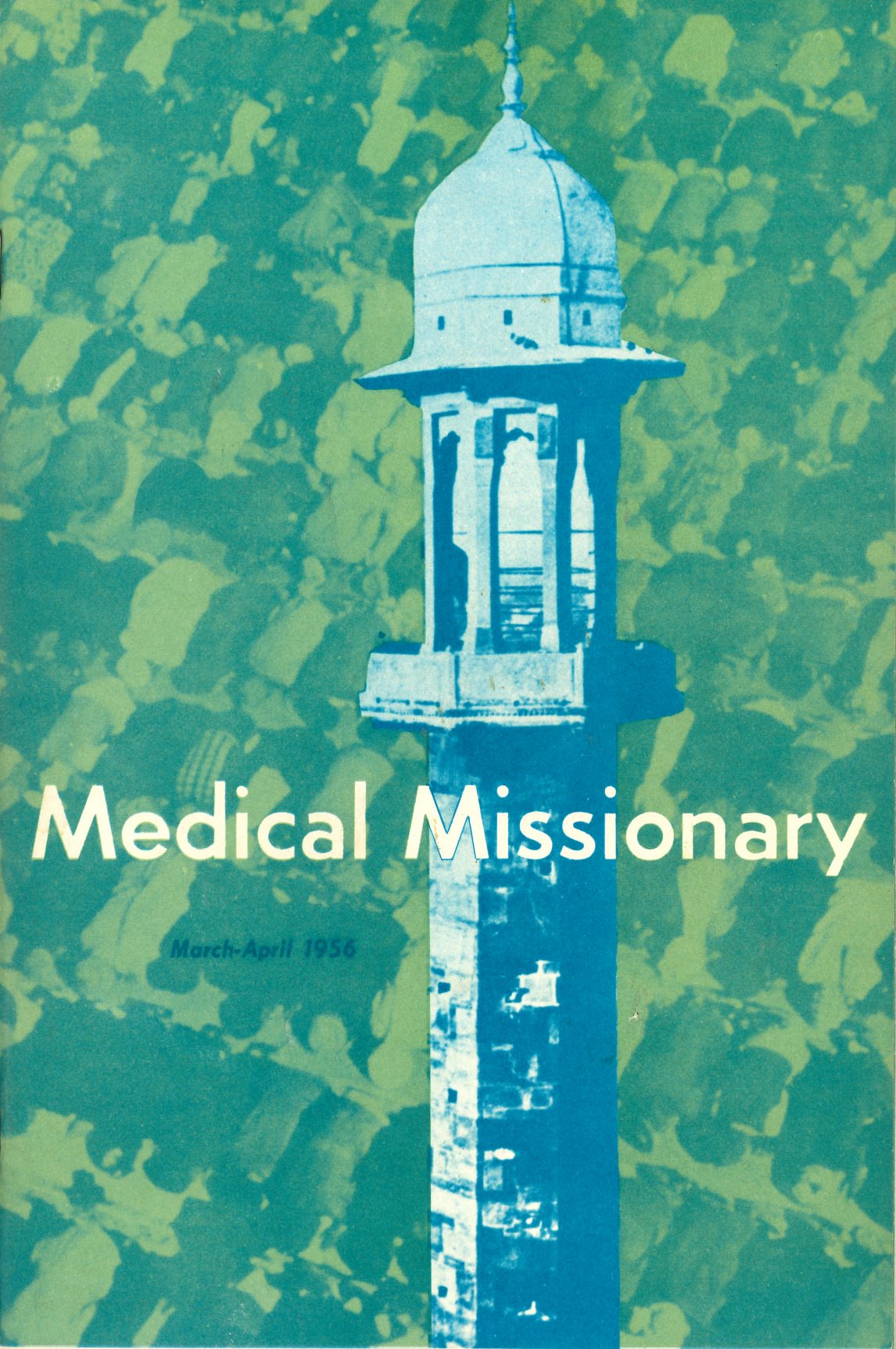

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March-April 1956

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featuring — EAST PAKISTAN

COVER: Muslims at prayer in the background. Foreground—Aurangzeb's mosque. Muslim ritual requires that one man must be next to the other in line. There may not be an emtpy space.

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East Pakistan separated from West Pakistan by 1,000 miles of India, has its own unique history.

East Pakistan
Youngest of Muslim Nations

Rev. Louis Meyer, C. S. C.

PAKISTAN with a population approaching 80 million is the sixth largest nation in the world — and the largest and youngest of Muslim states. Of great interest is the fact that it was created not on a racial or linguistic basis but on a religious one, that is, Muslim-unity.

Four-fifths of Pakistan's total population are followers of Islam, a religion founded by Mohammed in 622. (Islam means resignation to the will of God.) Though they firmly believe in One God, they differ from Christians in denying the Trinity, the Divinity of Christ, Original Sin, and man's Redemption by the Cross.

To reach the Muslim paradise, the believer of Islam must support the five pillars of religion:

1. Confession of the creed.
2. Steadfastness in prayer.
3. Give legal alms.
4. Fast during the month of Ramadan.
5. Make a pilgrimage to Mecca.

Muslims pray five times a day, and in Muslim centers they worship publicly in a group outside their mosque. The muezzin, or prayer leader, going to the top of the mosque calls out in Arabic, the prophet's language:

"La ilaha — illa 'llahu Muhammadu — Rasulu — Allah."

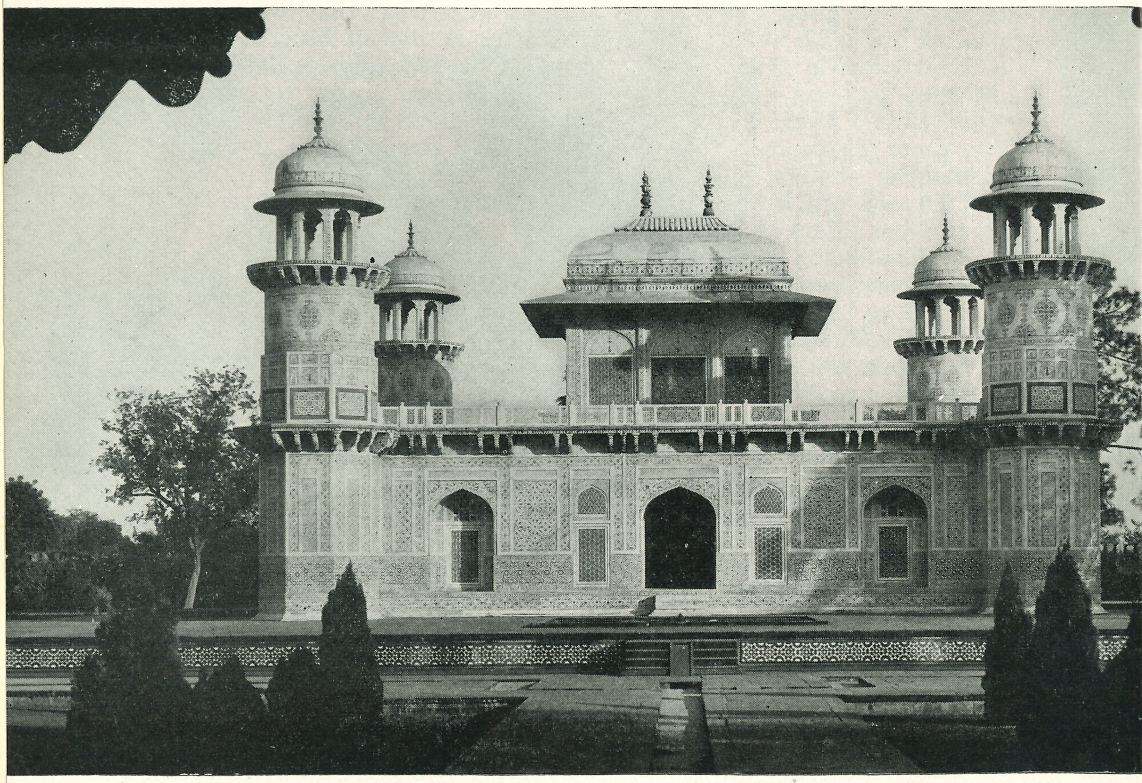
(There is no God, but God and Mohammed is his prophet). So goes the Creed of Islam — the shortest in the world. The Koran, their holy book, is also read and memorized in Arabic and this is the basis for great unity among Muslims in all countries.

On one occasion, one of the Fathers was riding on a Bengal train. The train came to a stop at the small station of Arikhola. Several Muslims got off the train, spread their prayer rugs on the platform and began to say their prayers. The bell rang, the guard blew his whistle. The train pulled out leaving the pious Muslims behind to finish their prayers. They would have to wait five hours for another train. What of it? Better to wait than offend Allah. Such is their great spirit of devotion.

During the fast of Ramadan, no food or drink may be taken by

a Muslim between the first sign of dawn and the coming of dusk. The fast is broken even if a few drops of dew enter the mouth. Smoking too, is forbidden at this time. When the fast occurs during the hot season, the torture from thirst can be very real.

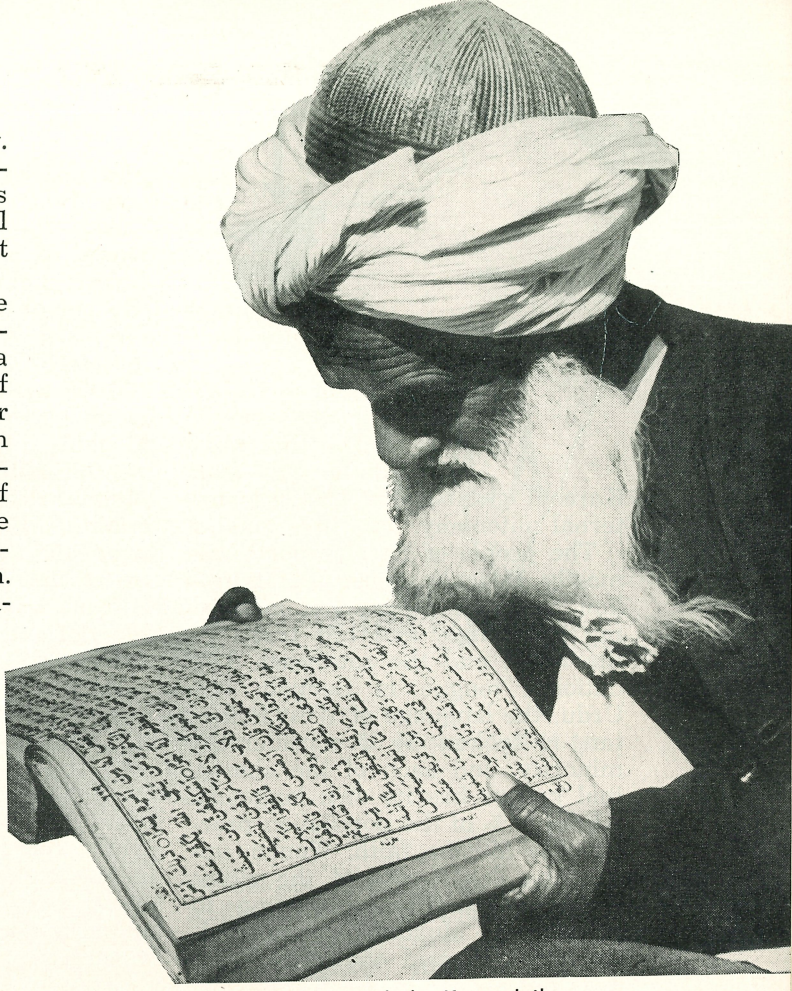
Pakistan is only nine years old next August, but her roots stretch back for centuries. The first Muslim invasion of India was from Arabia in 712 A.D. This was followed by the great invasions of the Afghans from the north beginning around 1,000 A.D. with the establishment of many small independent Muslim kingdoms. The largest and richest of these was Bengal with its capital at Dacca, the Muslim center of the world. A fourth invasion led by Babur, nicknamed the "Lion," was the beginning of the Moghul Empire. On April 21, 1526, after a masterly strategem of defeating 100,000 with 10,000, Babur entered Delhi — the first Emperor of the Moghuls. His successor, Akbar was probably the greatest of the Moghul rulers. Under his administration, the crescent spread all over India except for the very tip of the peninsula in the south. Akbar was responsible for the Moghul culture that is the founda-



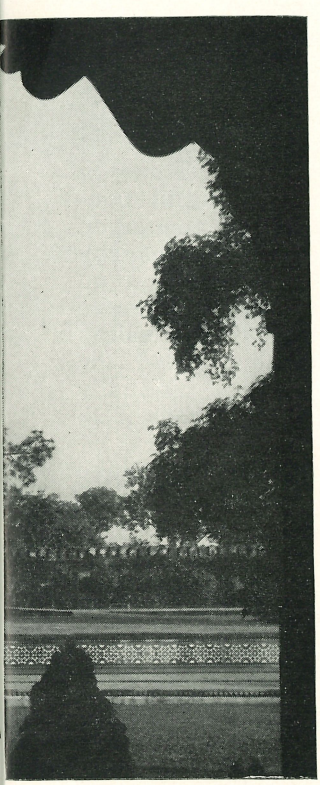
The chaste purity of line and harmony of decoration exhibited in Muslim architecture are expressive of the simplicity of doctrine which is characteristic of the Islamic religion. This is the tomb of Itimud-ud-Daula, Agra. It is of white marble, inlaid with black marble.

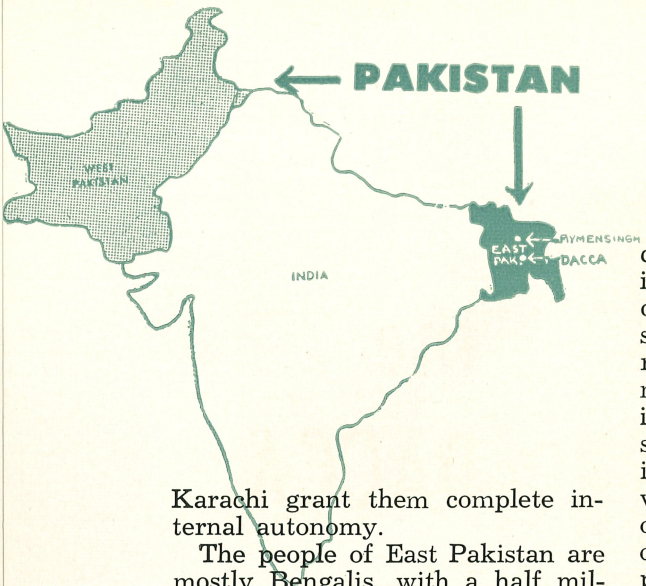
tion of Pakistan today. Monumental domes, minarets, and the famous Shalimar Gardens are all reminders of that great age.

But the Moghul Empire grew old and lost its power; and the East India Company, on behalf of Great Britain, took over more and more. When in the 18th century the British became masters of Bengal, they found more than half of the population already Muslim. East Bengal was dominated by the Muslims, who formed the majority there, while Hindus were stronger in West Bengal. In 1905 the Government decided to divide Bengal into two separate provinces. The superior political organization of the Hindus, however, persuaded the British to annul the Bengal partition, just seven years later. But the partition was made once more in 1947, when the British in granting India its independence, divided the entire country into two nations on the basis of majority Hindu and Muslim population. At this time, East Bengal became East Pakistan—separated by 1,000 miles of India from the main body of West Pakistan — with its chief city, Dacca as its capital. Though only one-seventh the size of the parent sector, East Pakistan contains 56% of the nation's people, about 45 million. They have long demanded that the federal government sitting in the western city of



Muslims read the Koran daily.





Karachi grant them complete internal autonomy.

The people of East Pakistan are mostly Bengalis, with a half million aboriginal tribesmen inhabiting the jungle and hill tracts of the north and the southeast. The national tongue is Bengali, but Urdu, the language of West Pakistan, is spoken by a considerable minority, and each of the aboriginal groups has its own language. About 80% of the population practice the Muslim faith. Women appear on the streets of the cities, veiled in *burkhas,* according to traditional Muslim custom, although it is said that this latter does not appear in the Koran. The vast majority of these Muslims are converts from Hinduism. This may explain why the Bengalis, although followers of Islam, seem very different from the peoples of West Pakistan, and have an art and culture of their own.

The land that East Pakistan comprises is the tropical, disease-infected and snake-infected delta of the Ganges, there where that sacred river joins the Brahmaputra, and where together those two mighty rivers empty themselves into the Bay of Bengal. The rich silt deposited by these rivers during the annual flood season provides a fertile soil for the raising of rice and jute, on the cultivation of which crops a good 80% of the population depend, directly or indirectly, for their livelihood. In fact, East Pakistan raises 80% of the world's supply of jute. Needed also, at the proper time and in the proper measure — is water. All too often there is too much water during half of the year, and too little during the rest of the year. It is this that accounts in great part for the frightful famines that decimate the population occasionally, and that explains why so many people habitually live on a semi-starvation diet. It likewise contributes much to the unhealthy living conditions that breed the many diseases which annually claim the lives of thousands. Diseases such as malaria, cholera, typhoid, dysentery, tuberculosis take their heavy toll, sometimes one by

(Continued on Page 63)

Stripping stalks from Jute fibre after soaking in the river. Stalks are dried and used for fuel.

The Sisters met with prejudice and opposition but they went on serving the sick in Dacca for 26 years

Their rounds took them into the homes of the poor.

the DACCA Story

Sr. M. Richard, S. C. M. M.

"Two experienced Sisters needed to take charge of maternal and child welfare work in Dacca" . . .

There's a story behind this S.O.S. sent to the Medical Mission Sisters in 1929 by Bishop Timothy Crawley, C.S.C. of the Dacca diocese. The Society was then *four* years old; the number of Sisters in the missions totaled *three*. They were the struggling, sacrificing, hard-working pioneers of the community's first hospital in Rawalpindi, India (now Pakistan).

In the thick of the fray with the sight of suffering all about them, these Sisters could understand the Bishop's plea. Poverty and disease were the king and queen of his district. One out of every four babies died before the age of one year, the maternal mortality rate was registering an alarming and ever-increasing rate. Anemia, tuberculosis, tropical diseases were visitors at every house. Women suffered most. They were reluctant to consult male physicians, and medical women were unheard of in the area. The Bishop could not just stand by and see his people die. This was an opportunity to practice the greatest charity, to prove what he preached about a God of love and mercy.

And so the staff in Rawalpindi was reduced to two and the Medical Mission Sisters started their Dacca mission. A Sister-nurse, Sr. M. Helen, from the U. S. joined the Rawalpindi veteran, Sr. M. Laetitia, R.N., and in March, 1930 they began their task of caring for the mothers and babies of Bengal's densely populated city of Dacca.

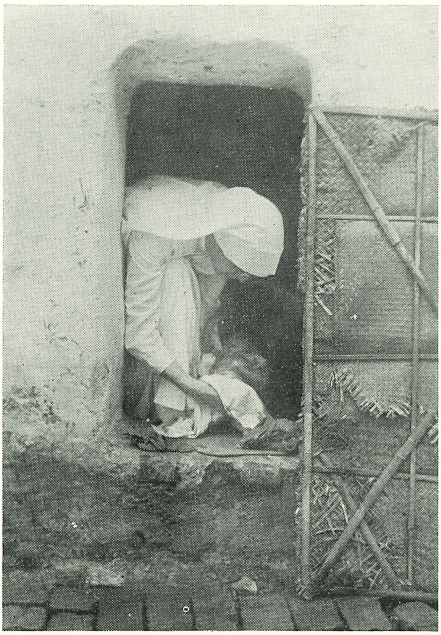
Their round of duties included: supervising maternal and child

welfare centers, instructing Bengali midwives, conducting "pre" and "post" natal clinics, caring for sick children and always being ready to go anywhere they were called to assist mothers at childbirth.

The Sisters encountered prejudice. Native midwives found the rudiments of cleanliness and hygiene hard lessons to learn; mothers refused to come to the centers for pre-natal visits and some even suspected these white women who were to be seen walking about the bazaars. Walk they did, all around the city, through heat and monsoon floods carrying their small black satchel of supplies to the alleys and the homes of mud, into the settlements where shutters closed out sun and fresh air, down to the huts and the houses of bamboo and flattened tin cans.

They went into the Muslim homes and gained entrance into the women's quarters. They brought medical care to these women whose customs kept them so secluded that medical aid by male doctors was forbidden. Because they were women, the Sisters were allowed to pass beyond the "purdah" curtain; because they were professionally prepared, they were able to render great service. For some of these Muslim patients, it was the first time they had ever received medical attention.

In the Hindu section of the city, the Sisters sought out the ramshackle huts that were constructed for Indian women who followed the tradition of isolation during the time of childbirth. The huts, usually only a few feet high, the Sister-midwives had to crawl in and then work in a crouched position. Considered



Sometimes the doorway was only a few feet high.

"unclean" because they had come in contact with the mother, the Sisters had to be careful lest they bring contamination on others. This necessitated their taking the back roads, the round-about ways.

It was disheartening for the Sisters who had to fight against such obstacles, against the trying Bengal heat, the torrential rains and the high humidity. At times, they met opposition from Indian mothers who questioned the qualifications of childless white women who dared to counsel them on the care of children. They met protests from those who called their ministrations interference. But more often, from the simple folk, they met kindness and gratitude. They had the satisfaction of seeing the maternal cases and infant mortality rate decrease steadily. The death rates in their center cases

were 33% lower than non-center cases. They witnessed the improvement in the Bengali midwives' technique. They watched the increase in the number of mothers who came to the clinics for care before and after the birth of their babies.

Here in Dacca, among these suffering mothers, was proof of the need for the establishment of the Society of Catholic Medical Missionaries. It was a new idea in 1925 that Sisters should leave their convents and bring medical aid to the sick in foreign missions where no person, no matter what the disease, would be excluded from their care, where no service would be too little nor too great for them to render, where no region would be too far to go to bring Christ's compassion to the multitude who suffer. Experience in Dacca convinced the young community that theirs was an apostolate that was very much needed — and to lengthen the chain of helping hands — many Bengalis must be trained to carry on the work.

Despite the trials that every new mission community must undergo, these first Medical Missionaries in Dacca did not lose courage, not even when death depleted their meager staff in the person of Sr. M. Frances Herb, R. N. who gave her life for Dacca's poor. They accepted the task of supervising the nurses' training school at the Mitford Government Hospital and for 16 years they carried out these duties, resigning only to start the Society's first hospital in East Bengal, St. Michael's in Mymensingh.

Sr. M. Thomas and Sr. M. Therese give Medical aid in the village.

A new hospital will be opened in Dacca this month. It has been built upon the accumulated prayers and sacrifices and work of all the Medical Mission Sisters who have labored in Bengal during the past 26 years. This new Holy Family Hospital is the Society's latest effort to serve the sick of Dacca. It is to be a 350-bed modern hospital with diagnostic, medical and surgical facilities for all. It is to be a hospital that will serve as a medical center, sending out aid to surrounding villages and in turn receiving from remote areas those who need hospitalization. It is to be a school where Pakistani health workers may be trained. It is to be a refuge where sick Muslim women may come and be cared for in keeping with their custom of seclusion. It is to be a hospital where all who enter may be cared for in Christ and for Christ.

In between surgery at Mymensingh, Sr. M. Benedict was negotiating for the land of a 350 bed hospital in Dacca

SURGEON IN EAST PAKISTAN

Sr. M. Benedict, S.C.M.M., M.D.

Sr. M. Benedict, M. D., examines a Bengali baby.

IN August, 1947, the Indian subcontinent was divided into two sovereign states, the dominions of Pakistan and India. It was soon after this event that I had my first encounter with East Pakistan. This portion of the newly formed dominion comprised the Province of East Bengal. West Bengal, with the world-famous city of Calcutta, became part of India. Prior to the events of August, 1947, East Bengal had been dependent on Calcutta for anything which resembled modern medical and surgical care. It was here that the large medical colleges and hospitals were located and now Calcutta was across a national boundary and no longer available to the masses of the people to the East.

In the new state of East Pakistan, there existed only medical schools for the training of licentiates in medicine. In 1948, a medical college offering the bachelor's degree in medicine was opened in Dacca.

East Pakistan's 45 million people are scattered chiefly in rural areas and lead an agricultural life. The average expectancy of life is only 27 years! Less than 1,000,000 are in the cities. There are about 55 government hospitals, the majority with less than 30 beds providing one hospital bed for every 22,000 of the population. There is one doctor, including the licentiates, for every 20,000 of the population and many of these medical practitioners are centered around the cities. For the entire Province, there are only 250 registered nurses — only a fraction of whom are actively engaged in nursing.

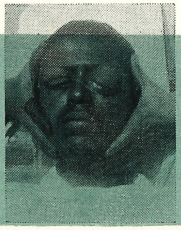
It was in 1948 that we, Medical Mission Sisters began our small hospital of 35 beds in Mymensingh, the largest district of East Pakistan with a population of 6,000,000 people. The one existing

Government hospital in the Mymensingh District had lost its pre-partition surgical staff due both to the exodus of the British and the transmigration of the Hindus and Muslims at the time of, and following partition.

When one lives in a bamboo hut with a mud floor, makes an average of 45 cents a day (if lucky enough to be employed), has usually only one meal a day consisting of rice and a highly spiced kind of stew, has little or no clothing and no means to buy it, has no means of transportation except walking or bullock cart, has never had any education, has only the village well or the ever-present pools of shallow water as a source of water supply and absolutely no sanitation, it is easily understood how one would suspect offers of help to change a situation, particularly those pertaining to the body.

KALA AZAR

BURNS

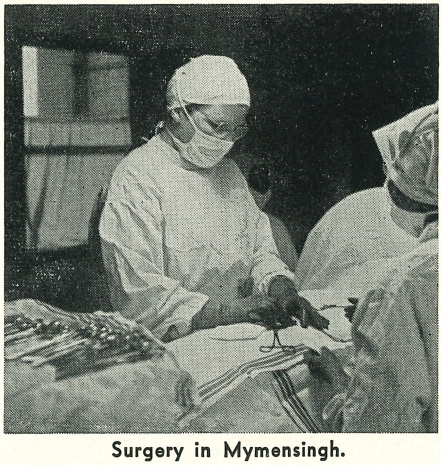

EYE DISEASES

TUMORS

It took time, firmness, patience, and understanding of the people's background and problems to win their confidence. Chiefly, we had to combat the old practice of treatment in the homes where conditions were most unsanitary. Our hospital soon became the surgical center for the area. Not infrequently, patients came from 150 to 200 miles away for surgery. Soon, about 90% of our admissions were surgical.

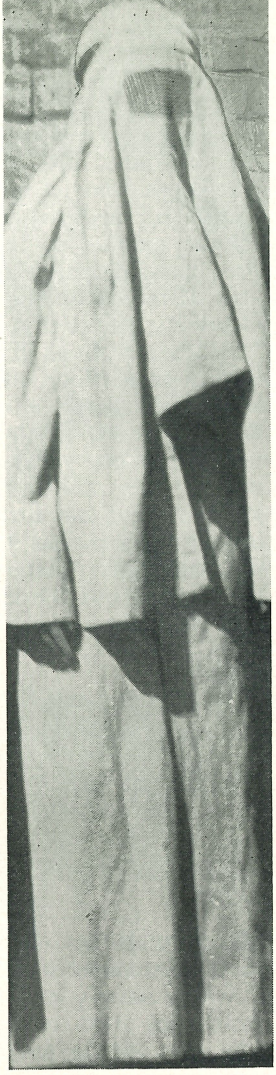
The Mymensingh hospital, St. Michael's, is a long, low shed-type building with an asbestos roof, plaster board partitions and woven bamboo ceilings. One such room as this became our operating theater. Our equipment was minimal but basic. A typical set-up for major surgery in our operating room was the Sister anesthetist, I, as surgeon, one of the Bengal Sister nurses as my assistant and another as scrub nurse. Under these conditions more than 5,000 operations were performed in the first five years, one-third of which were majors.

Contrary to practice here in the United States, patients are not referred to us nor do we see them for preliminary examination and diagnosis. They just come to the Out-patient department from far


Surgery in Mymensingh.

and wide. Not a single one is a straightforward, uncomplicated case and in most instances, if we are to give the patient his one possible chance for survival, we cannot take time to make him a good surgical risk. Besides the complaint which actually brings him to us, we know that in most cases he is probably suffering from one, all, or a few of the following: secondary anemia, avitaminosis, amoebiasis, ascariasis, malaria, kala azar, hookworm and tuberculosis.

There is, under present circumstances, no such thing as elective surgery either from the standpoint of the type of complaint, condition of the patient, or climatic conditions. Each case must be treated more or less as an emergency. Consequently a patient who needs surgery is admitted to the hospital at once, operated on as soon as possible and the treatment of his concurrent complaints is left to the post-operative period. Actually, nine-tenths of the time, in order to give the patient his one chance for survival, we are operating on cases which in the United States would have been classified as too poor a risk to tackle, with the amazing result of the overall fatality rate of about 0.3%.



Muslim woman in burkha.

Aside from widespread anemia, avitaminosis, and parasitic infestations, dehydration and infection are our chief problems post-operatively. We make our own parenteral solutions with great difficulty. Antibiotics are scarce and costly. Somehow, we always manage to have some, and here again, the fact that the patients respond to a much smaller dose schedule than in the States, is a great help.

The type of surgical cases we meet with are: abdominal, plastic and bone surgery and those resulting from obstetrical complications.

The incidence of peptic ulcer is very high averaging 20% of our major surgery. The Bengalis are of a highly nervous temperament despite the slow pace of their life and their diet is highly spiced. Usually when the patient is seen for the first time, the complaint is of very long standing and beyond all hope of medical therapy.

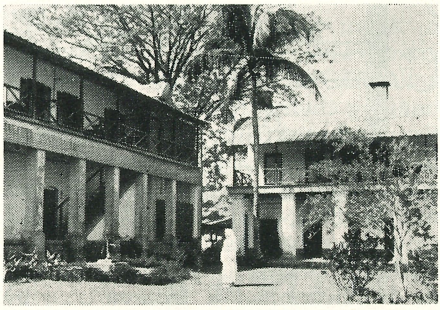
Intestinal obstruction is of frequent occurrence, chiefly caused by intestinal parasites. Enlargement of the spleen, hepatic cysts and abscesses are other prominent and interesting abdominal problems. Fibroid tumors, huge ovarian cysts, and an extremely high incidence of pelvic inflammatory disease, present many interesting cases.

Cooking and whatever heating is necessary in the "cold" months is done around an open fire. Consequently there are many severe burns.

The Muslim custom of the seclusion of women has prevented them for centuries from receiving proper medical attention. In the strict sense of the word, no men except those of her immediate family may see the face of a Muslim woman. This seclusion confines the women and prevents them from getting proper exercise and sunshine. Unbelievable pelvic malformations result with consequent complications at the time of childbirth. Inadequate care in the face of these complications causes infant and maternal mortality, and morbidity which is appalling.

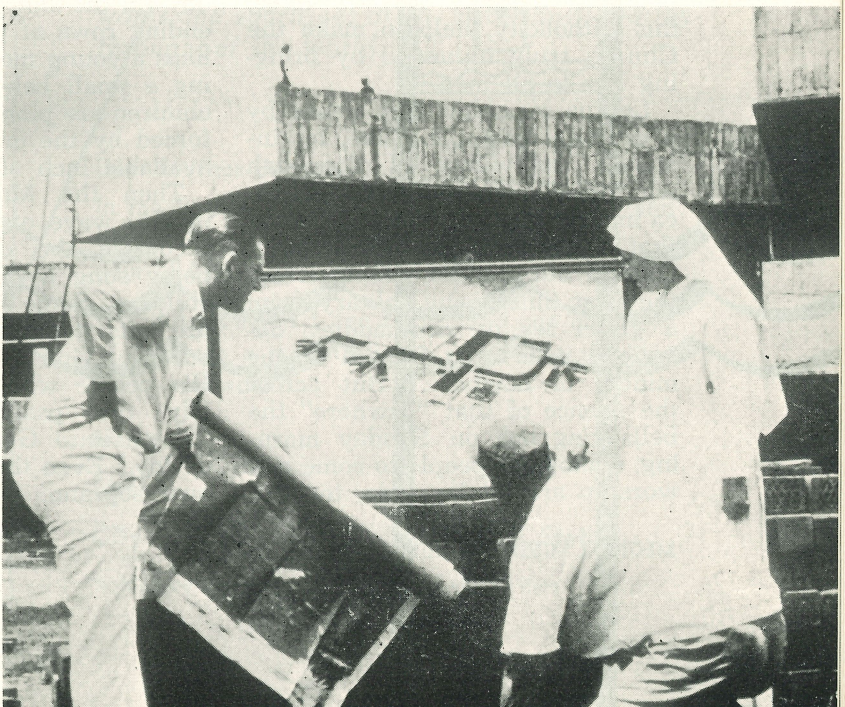
The practice of surgery in East Pakistan presents so many and such diverse problems that it would be possible to go on and on, always highlighting something unusual from any number of aspects. The need here is great, for as Mr. Amin, Chief Minister of East Pakistan, said a short time ago: "Even if we had one hundred times as many doctors and beds we shall not fully solve our problems."

We are looking forward to surgery in the new hospital in Dacca the first part of which opens this month.



St. Michael's Hospital in Mymensingh.

**Excerpts from a paper given by Sr. M. Benedict at the 20th Annual Congress in Philadelphia, when Sister was made a Fellow of the International College of Surgeons.*

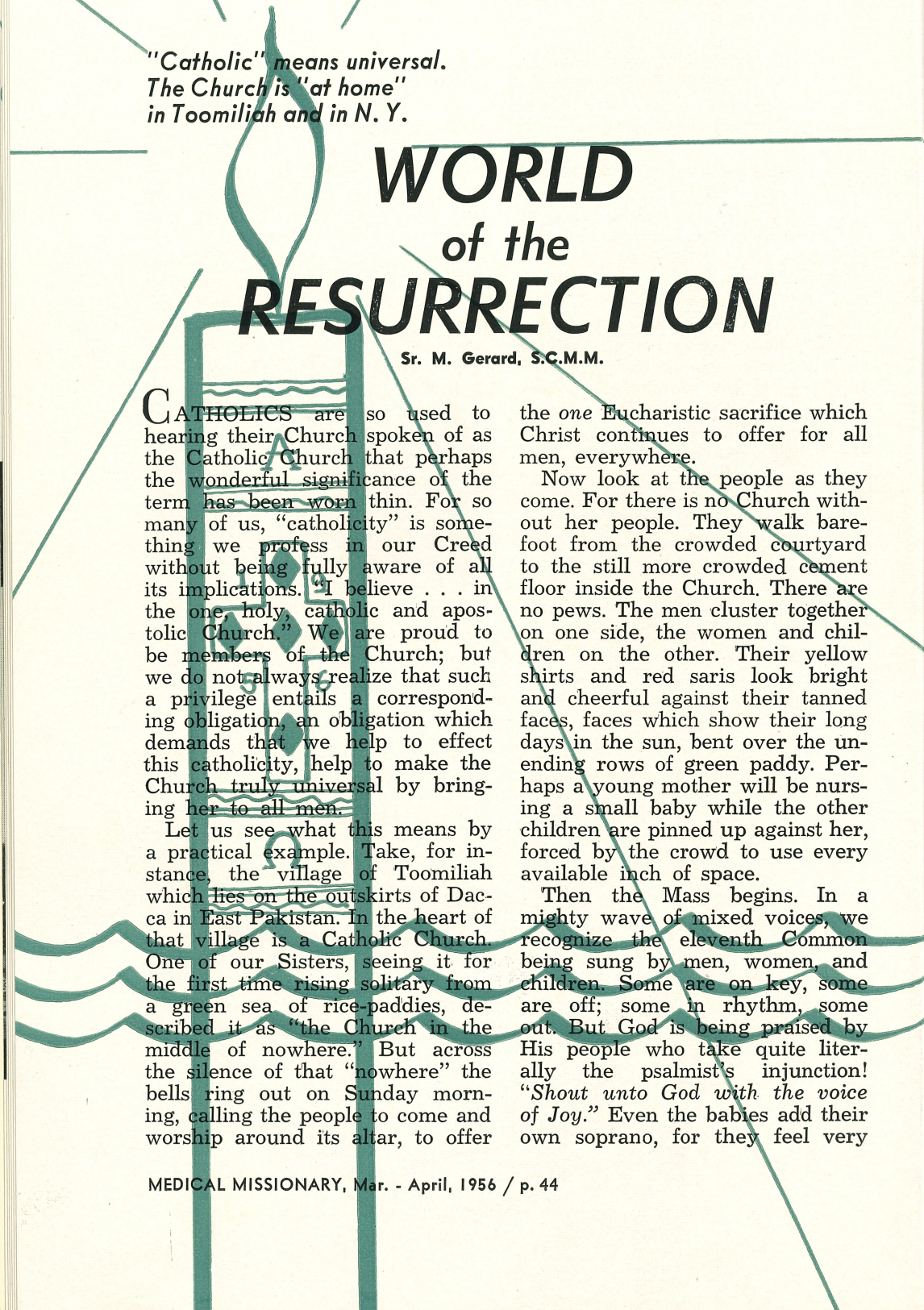


The architect, Father Weber, C.S.C., and Sr. M. Benedict, scan the blue prints of the new hospital in Dacca. One third is finished.

"Catholic" means universal.
The Church is "at home"
in Toomiliah and in N. Y.

WORLD of the RESURRECTION

Sr. M. Gerard, S.C.M.M.



CATHOLICS are so used to hearing their Church spoken of as the Catholic Church that perhaps the wonderful significance of the term has been worn thin. For so many of us, "catholicity" is something we profess in our Creed without being fully aware of all its implications. "I believe . . . in the one, holy, catholic and apostolic Church." We are proud to be members of the Church; but we do not always realize that such a privilege entails a corresponding obligation, an obligation which demands that we help to effect this catholicity, help to make the Church truly universal by bringing her to all men.

Let us see what this means by a practical example. Take, for instance, the village of Toomiliah which lies on the outskirts of Dacca in East Pakistan. In the heart of that village is a Catholic Church. One of our Sisters, seeing it for the first time rising solitary from a green sea of rice-paddies, described it as "the Church in the middle of nowhere." But across the silence of that "nowhere" the bells ring out on Sunday morning, calling the people to come and worship around its altar, to offer the *one* Eucharistic sacrifice which Christ continues to offer for all men, everywhere.

Now look at the people as they come. For there is no Church without her people. They walk barefoot from the crowded courtyard to the still more crowded cement floor inside the Church. There are no pews. The men cluster together on one side, the women and children on the other. Their yellow shirts and red saris look bright and cheerful against their tanned faces, faces which show their long days in the sun, bent over the unending rows of green paddy. Perhaps a young mother will be nursing a small baby while the other children are pinned up against her, forced by the crowd to use every available inch of space.

Then the Mass begins. In a mighty wave of mixed voices, we recognize the eleventh Common being sung by men, women, and children. Some are on key, some are off; some in rhythm, some out. But God is being praised by His people who take quite literally the psalmist's injunction! "*Shout unto God with the voice of Joy.*" Even the babies add their own soprano, for they feel very

much at home in God's house. After the Mass is over, a missionary Father will speak to his people in their own tongue, sending them back to their simple village homes filled with God's word and God's joy.

This is the Church, the Catholic Church. It is the Church of small villages like Toomiliah in East Pakistan, as well as of big parishes like St. Patrick's in New York. The Church is for all places and for all people, whether they come to Church in patent-leather shoes or in barefeet. Indeed, we might say she is especially "the Church in the middle of nowhere" since there is "nowhere" that she does not wish to bring Christ's word and Christ's sacrifice. As one missionary put it, her goal is to have the Church "within walking distance" of every man, on the face of the earth.

This Easter-tide the Church celebrates Christ's victory over death, a victory for which He laid down His life that *all* men might walk in newness of life. By that sacrifice He has opened up a new world to men, "the world of the Resurrection," the world filled with the light of never-ending joy. The keys to that world are in the hands of His Church. And all those who claim to be Catholic, who claim universality as the mark of their Church, must pray earnestly and work earnestly to establish that Church "everywhere" and "nowhere," that she may open up her treasure of eternal life to all men and become, in fact, what she is in truth — the salvation of the nations.

Join Our League of Gratitude

I RETURN THANKS TO GOD

for my gift of faith and the blessings I have received. In gratitude I wish to share them with the sick in mission countries.

All members share in the prayers, works and sacrifices of our sister-missionaries throughout the world.

Dear Mother Dengel:

In thanksgiving to God for my gift of faith and other countless blessings, please enroll me in your LEAGUE OF GRATITUDE.

*As long as I can I will send one dollar or more a month. Please send me a monthly reminder.

Name .....

Street .....

City ..... Zone .... State .....

* May be changed or discontinued at any time.

PROBIES AND PIONEERS

Sr. M. Bonaventure, B. N. Ed.

OCTOBER 15th, 1955 was a big day at Holy Family Hospital, Dacca for it was the day when the first class of students was admitted to the Nurses' Training School. For most of the girls, this was their first time in the "big city." Coming as they do from tiny villages scattered all over the Province of East Bengal, they have lived in one-room thatched bamboo houses with mud floors, where their beds consisted of boards raised from the floor. Using their fingers to eat their rice and curry, they are accustomed to squatting on the floor for their meals. In mission schools, however, these girls have received a good education. On five and a half days of the week there are classes and study for the students. They are anxious to learn, yet they seldom miss an opportunity for fun — some of which was furnished the day a mother monkey with a baby swinging from her neck found her way into the Anatomy classroom! The early lessons in bedmaking were quite puzzling to the students until it was explained to them that the patient goes between the sheets. Teaching is full of surprises for the teacher. Sr. M. Teresita gave her Bandaging class a nice long list of principles to be observed when applying a bandage (i.e. don't pull the bandage too tight, etc.) Later in an examination, she asked the students to name three of them. One fundamentalist turned up with the answer "Three principles for applying a bandage are: 1) the patient 2) the nurse 3) the bandage.

Top to bottom:

* Sr. M. Bonaventure, R. N., instructs the probies.
* Sr. M. Teresita, R. N., teaches how to feed a patient.
* Sr. M. Angela, R. P. T., gives a physical therapy lesson.

Top to bottom:

* Is my blood good? the nurses ask Sr. Marie Joan, M. T.
* Sr. M. Angelina, Pharm., teaches Drugs and Solutions.
* Recreation is a lively hour.
* Sr. M. Terisita teaching bandaging.

The funniest and most difficult are Sr. M. Angela's English classes, where a slip of the tongue in either English or Bengali can be hilarious. Once Sr. M. Angela thought she told a girl: "If you wish you may go (to Benediction)." Actually she had told her: "Go to jail!" There is also the story going around about the minister who prayed for "light" before a sermon. The following week he was deluged with potatoes from his congregation which puzzled him until he discovered that in Bengali *alu* means potatoes, where as *alo* means light. Since most of the girls have a reading knowledge of English, Sister has been using simple articles from the *Reader's Digest* for them to read. One day after class, one of the students who can scarcely speak a whole sentence in English, approached her with a question. She was reading an article entitled, "How to Relax," and she wanted Sister to explain to her what the expression "psychomotor mechanisms" meant!

But there is more besides classes and study. The girls are always eager to go out for a walk or go to the bazaar "shopping" which turns out to be mostly "window shopping." They make a lovely picture in their gracefully draped saris, in all colors of the rainbow, with their long, glossy black hair hanging in braids down their backs or coiled around at the nape of the neck, and ornamented with jewels and earrings which sparkle in the sun.

It was quite a thrill to them when they were fitted for their uniforms recently—a neat little white jumper and blouse. We are looking forward to the day when these students will finish their training for they will not only be the first Holy Family Hospital nurses but they will also be among the pioneer nurses of East Pakistan, since there are only 250 Nurses to care for a population of 45,000,000.

Annual report

1955

. . . from our 21 Medical Mission Centers in India, Pakistan, Africa, Indonesia, South America, and So. United States.

IN-PATIENTS	55,964
OUT-PATIENTS	489,645
OPERATIONS	11,767
MAJOR	3,014
MINOR	8,754
BABIES BORN	9,572
STUDENT NURSES AND MIDWIVES	318

TOTAL PATIENTS CARED FOR IN 1955:

545,609

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MERCY

As we look back over the records of another year in our mission hospitals our hearts are filled with gratitude to those who have enabled us to carry on this "great work of mercy," as Sr. M. Pierre, describes our mission hospitals below . . .

a mission hospital. For 30 years my doors have opened to the sick
red of this far northern corner of the Indian Continent. In those who
me, I see Christ suffering still, and it is my one desire that they may
well again. For this task, I have a head; I have a heart; and I have
powerful three-some against disease, poverty and ignorance. It is
ead to see through the case to its causes and cure; for my heart to
ize, suffer with, making others' pain my own; and for my hands to
nselves willingly and untiringly to the work of healing.

me there is no leisure, no quitting time. Whenever they come they
d me ready. And they must find me ready with all the scientific aids
ls my name implies. Doctors, nurses, laboratory and X-ray techni-
etitians, therapists, record librarians — all must be on hand to ful-
bligations. Mine is a responsibility, the consequences of which are life
th. I cannot be satisfied with half-way measures, with second rate
I am an institution which has struggled through centuries to reach
nt level and in which there is a sacred trust.

questions need be asked — whether you are white or black, rich or
an or woman — all have the privilege to seek me out and to each I
nd in earnest effort. They, the disease-ridden, the exhausted, the old,
hing, the starved — they are the reason for my existence. With them
ade a contract which to break is to destroy life itself.

one more task is mine, that of passing my skills on to others, of
ndigenous hands and hearts and heads to answer to the cries of their
and in a distant land just as some years ago foreign hospitals stood
nd to share with a rising young nation the secrets of a sacred art.
my healing powers will be in their hands; brother will bend to
ster to sister. My task of training will be *their* task, my privilege
g will be *theirs*. I will have become *their* own GREAT WORK OF
.—Sr. M. P.

from the green lands of BENGAL

Sr. M. Angela, R. P. T.

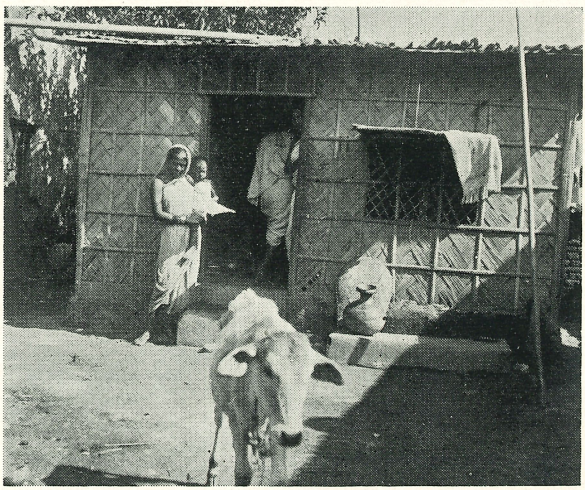
The Bengalis are a poor, hardworking economical, friendly, people — proud of their Pakistani heritage.

OUR country boat was long and flat-bottomed, each end curved upward and dipped gracefully as the boatman pushed us along with a very long and slender bamboo pole. He was rather tall for a Bengali but thin and wiry with an enormous mustache and grin to match.

"Where are you going? Where do you come from?" Quite a familiar Bengali query wafted over the air to us from two small boys, their brown bodies shining in the sun and blending with the earthen banks of the lazy canal. A Bengali Sister riding with us chuckled and called back, "We are going to your house."

The people here are friendly and naturally inquisitive. In the woman's compartment of a train these questions would inevitably have been followed by, "Are you married? How many children do you have?" And they are sincerely sorry for the Sister upon hearing the negative reply. For marriage is a woman's main purpose in life and their greatest happiness is to bear a son.

At last we bumped to a stop at a clay bank and dug our way up to more solid ground, ably assisted by the two petite Sisters with us. Most of us feel like giants next to our Ben-



The four walls of the home are woven from bamboo strips.

A country boat on the River Ganges. An endless variety can be seen in East Pakistan.

gali Sisters. They are small boned, short of stature, with very fine features.

We had arrived at Rangamatia, a village mission of the Holy Cross Fathers. Sacred Heart Church set amidst some tall coconut palms greeted our eyes. It was not hard to believe that during the recent floods it had been filled with water, which had risen even to the sanctuary. This was attested to by the high water marks — scars upon the building.

The following day as we strolled around the village we noticed many people raising the level of their homes. This maneuver, to prepare for next year's rising waters, is accomplished by simply adding another foot of sun-baked clay to the floor. This year to escape the water the flooring, made of woven bamboo, was merely raised and tied closer to the roof. Mothers had to watch carefully and keep frequent count of children.

The four walls of the house are also woven together of bamboo strips. The family sleeps on beds of boards raised up from the ground. Cooking is done over outdoor fires in clay pits and ovens. These people have very little but what they have is used well. They are very economical. Every bit of string is saved — papers and newspapers are used over and over again for wrappings. Old tin cans are cut and shaped into all sorts of interesting items—candle holders, ash trays, etc.

The homes are arranged in clusters underneath the protecting leaves of coconut palms, which keep off the beating rays of the summer sun and shed some of the driving monsoon rain. Each family has their own cluster. As the sons marry and bring home their wives another *bari* is added. Father is head of the family and mother or mother-in-law, as the case may be, rules the woman-folk with an iron hand.

The men work in the fields, each

The children dance in perfect rhythm — weaving hands and wrists in graceful patterns.

has a small portion which grows smaller with each generation. They may be plowing behind a yoke of bullocks, using an ancient plough. Or they may be riding around on the harrow as it is pulled by the bullock. At rice-planting time everything closes down and the entire family takes part since each delicate plant must be individually placed in the earth beneath water. Perhaps one of the men may be fishing in the canal,

Many long hours are spent grinding chilis.

casting a large net high into the air — a momen't hesitation—then it unfurls on the water below. He could have set a fish trap. Bengalis love fish, a good thing in this land abundant with rivers and canals. Fish make especially fine curry too, with the right combination of spices. This is eaten with rice. The people are so very poor that with one meal of rice per day the villager has eaten very well.

A very hospitable people, the Bengalis welcomed us into their homes. Chairs were immediately provided from somewhere—neighbors gladly assisting. Tea was served and inevitably the children were called to sing and dance. Tiny little girls can perform the dances, stamping their heels in perfect rhythm and weaving wrists and hands in graceful patterns.

In the courtyard two bullocks tied to a post walked round and round thrashing the *dahn* rice beneath their hoofs. When the kernels have been separated from the chaff, the women will husk it with wooden *dekis,* which are two long pieces of wood having a mortar and pestle arrangement at one end, joined together near the other and where a woman jumps up and down usually in rhythm to a husking song.

The women also keep busy with weaving, sewing, and preparing the food. Many long hours are spent grinding the red chilli, ginger root and holdi used for curry. The laundry is taken to the river banks and smashed clean on the smooth surface of a rock. This is also a social gathering as all the village gossip is swapped. In the evening they come home through the fields: water jugs balanced on the head, a baby riding on the hip. The children, however, take care of each other. Small girls carry around babies almost as big as themselves. The sun sets rapidly leaving the country in blackness almost immediately. Small dots of light appear as the fires are stirred and a late-comer home from the fields sings lustily — to frighten away a tiger.

In the big city there are no cozy clusters of coconut palms — only crowd upon crowd of tiny *dokans* and tenements. No plaintive note from a lonely reed flute to break the stillness.

A *dokan* is a small one-room shop with all the wares displayed on shelves lining three walls. The

fourth is open to one and all with a chair or two for prospective customers. Several "dokan-wallas" (storeowners) gather together to chat, keeping one eye on their assistants who busily bring goods back and forth to display to the customer, sitting on a cushion and enjoying a leisurely cup of tea. The men are wearing *dhotis,* usually of muslin wrapped around the waist and drawn between the legs to achieve a pantaloon effect. Dark eyes flash and hands gesture emphatically or rub short wispy beards as the price is bitterly contested. But in the end all are good friends and a bit of drama has been served along with the ordinary purchase. It is not unusual for a large order to be scorned in a small shop. For to sell all the stock at once would ensue another arduous trip to the wholesalers and interrupt life's leisurely pace.

Out in the narrow streets, cars, bullock carts, animal life and rickshaws are all busy going somewhere. Rickshaws are small carriages attached to a bicycle, the whole having three wheels. Some are gaudy with bright new oil-cloth seats; others have lost the shine through many a monsoon. But the rickshaw-wallas are all pretty much the same. A red plaid *gumpsa* is tied around the waist to protect the *longi,* which is just like the name, a long piece of cloth usually very faded plaid material woven in one tubular piece and wrapped around the waist.

The coolies answer about the same description. Only they make little turbans out of their *gumpsas* to cushion the loads they carry on their heads. They travel up and down the bamboo ladders all day long with loads of cement and bricks on their heads. When the work is hard they sing and chant to lighten their spirits, if not the load. But they are always glad to stop when a Sister passes to give a cheerful: "Salaam" (no hand touches the forehead in salute), a Muslim greeting; or "Nomishkar" (folded hands touch the forehead and the head is slightly bowed), a Hindu greeting; or "Jesu ke promam" (Praise be to Jesus), the Christian greeting.

We have not mentioned any ladies about in the city because there usually are none. When we go shopping in the bazar the realization gradually dawns that we are women in a man's world.

The Goldsmith at work.

Here the people are poor, hard-working and economical, friendly and hospitable, deeply sensitive and fiercely proud of their Bengali heritage as Pakistanis. Their favorite anthem *Pakistan Zindabad* says: "from the green lands of Bengal lying on the banks of five rivers, from the ocean foam to the sands of the Sind rise with your banners aloft. Pakistan Zindabad!" (Long live Pakistan)

Ramjan

the patient that helped the doctor

Sr. M. Michaela, R. N.

RAMJAN was one of our first patients when Sr. M. Benedict started the dispensary in Maghbazar. Since then she has brought nearly her whole village of women and children.

She is a small little old woman—a grandmother, in fact, judging from the different age range of the children she brings. And she always wears an old faded brown sari wrapped around her, no matter when she comes.

She said she wanted medicine and produced an empty bottle with a string looped around the neck, and two loops by which she carried it dangling from her finger. So I showed her into Sister's office. Sister pointed out a chair for her bedside her desk but Ramjan disdained the chair and squatted herself down on the floor squarely in front of her. Having settled herself she began her tale of woe which she rattled off in one sentence and without hardly taking a breath: "Jor hoiyacchi mata gurie, buk jolli jolli, pet beta . . ." (I have fever, my head goes round and round, burning in my chest and pain in my stomach, etc.) until it became obvious that it must have been a marvel of nature as to how she got around from day to day considering that, as she said, she had been feeling that way for about two years.

Sister said: "I can just tell by looking at her that she has worms, malaria and goodness knows what else." Then, having persuaded her to get up from her squatting position on the floor to the table, she examined her and ordered the necessary medicine. Ramjan salaamed and went away smiling and satisfied.

Two weeks later, having finished her medicine, she returned for a refill of "that nice colored

medicine which you gave me the last time." But this time she brought with her about a half dozen women, all with various complaints and nearly all of them carrying babies riding on their hips or holding onto their saris. Sister came and looked at them all: ordering something for the little baby with the high fever which Ramjan carried this time on her shoulder with its poor little hot head, covered with an old cloth, nestling into her neck; something for the little fellow covered with boils, and so on until all their complaints were attended to. Some of them should have been in the hospital but they refused to go. Nevertheless, they all appeared the next time looking happier and much better. After that we did not see Ramjan for a while and we were wondering what had happened to her. Then, in the summer, when nearly all of East Bengal was overrun by the flood, a government official called and told us we had been appointed as an inoculation and vaccination center. Besides that we had to go out to help inoculate the people in the villages behind the hospital.

These people do not like getting these cholera injections because of the reactions which they get afterwards and sometimes it takes quite a bit of persuasion to get them to consent to taking them. Going out to the village with our supplies, we were a little anxious about this, but, when we arrived there was Ramjan all hale and hearty and ready to help us with her persuasive powers. *She* told the villagers about the Memshaibs who had helped her, and cried shame on them for hiding away because if they took the cholera injections they wouldn't get that awful disease that they got when the water rises. So with a little advice and a pull here and there by Ramjan, we succeeded in inoculating the whole village and the two next to it. But, strangely enough, in all the excitement, I do not remember Ramjan ever being the recipient of a cholera injection herself.

She still comes, off and on, not for herself anymore but for her friends bringing them for "the same medicine that cured me" thinking, in her simplicity that since it cured her it must cure all diseases.

May They Rest In Peace

Please pray for our recently deceased benefactors and friends

Rt. Rev. Msgr. Belinski, Bellewood, Ill.
Mrs. Elizabeth Baer, Jamaica, N. Y.
Miss K. Berrisford, St. Paul, Minn.
Mr. A. Blumenstock, Phila., Pa.
Mrs. R. Boyd, Phila., Pa.
Mr. A. Caban, Pittsburgh, Pa.
Mrs. G. R. Cornelius, Palo Alto, Cal.
Mr. Edward Dietzler, Hartford, Wisc.
Mr. John Forrester, Jersey City, N. J.
Mr. Otto Hornick, Johnstown, Pa.
Mr. Sidney Hymel, Luling, La.
Mr. Joseph Kriss, Massapequa Pa., N. Y.
Mr. Frank Lagan, Sr., Phila., Pa.
Mrs. Eva Lucas, Oakland, Cal.
Mr. Connie Mack, Phila., Pa.
Mr. Roger Manahl, Dubuque, Iowa
Mrs. Catherine Ricardi, Ozone Pk., N. Y.
Mr. Henry Shopps, Valley Stream, N. Y.
Mrs. Thomas J. Sullivan, Gloucester, N. J.
Miss Phila. Ubinger, Pittsburgh, Pa.

. . . all in the day's work

calling st. patrick

One night a puff adder came into the convent — just as we were going to bed. I'm sure St. Patrick sent it, as I had just requested to see the next snake caught at the dispensary, so I would know how to kill one. St. Patrick, as always, did a good job. He sent a full grown snake — well fed, and slow moving. I happened to look out of the doorway of my room and in the darkness saw something shiny go past. At first, I thought I was seeing things. Mr. Snake crossed the veranda and slid down into the garden. Bravely, Sr. M. de Montfort set out with a small stick in hand to tackle the job. One look at Mr. Snake's size and she realized that her little stick would not do. Finally, an S.O.S. was sent to the night watchman. Mr. Snake, had eaten a good meal and wasn't very interested in us, so he slowly came upon the veranda again and looked around. The night watchman came, and on first seeing him in the dark, I didn't know which to fear most, the snake or this strange tall African who suddenly appeared out of the dark armed with a club and a pole. One blow from the club and all was over, but the memory. I don't think I'll ever acquire a liking for snakes.

Sr. M. Patricia, R. N., Berekum, G. C.

Sr. M. Patricia, R. N., supervises the babies, Berekum, Gold Coast.

english as she is spoken

"Sister, what is phooey?"

"That is slang, Akua; it is not good English."

"Sister, what is slang?"

And before Sister could muster a simple definition of this unique American contribution to the English language, a probie cut in:

"I know, Sister. Slang is the past tense of sling."

* * * *

And then there was the T.B. patient, Samuel, who was not taking his orders for strict bed rest seriously. He spent

half the day visiting in town. Sr. Marianne took it upon herself to admonish him . . . he was wasting the medicine, the injections, wasting his father's money . . . jeopardizing his future, etc. Next morning she found him in a very subdued mood. "Samuel, why so sad?" His friend in the next bed volunteered the answer: "Sister, he is thinking about the seriosity of his conduct."

the sisters take over

We have been acquiring the other 15 acres of land next to the hospital for the past two or three years. This land has been worked by farmers all this time so it involved a great many people to acquire it. A man called a *thesildar* was to come over to transact the formal taking over of the land so he made an appointment and we had to go get him. With him came two assistants and two policemen and three other assistants on cycles. The farmers involved had been assembled, but when it came time for the *thesildar* to come, they all ran out. They had been giving us trouble all the while, planting their crops right up to our doorsteps so that we couldn't even put an entrance path to the out-patient department. The *thesildar* had a gun in a holster with some shells visible and he turned around and said, "Do you want anyone arrested?" We said no, we just wanted to settle everything peacefully. We walked over the whole area pointing out the land marks and he told us that legally we *couldn't* allow anyone to stay on the property any more. There is a colony of Muslims living in straw and mud huts on one corner and he sent for them to tell them they had to move, at least, across the road. He told them we would give them a laborer to help them move. Finally, after three hours of talking they sat down and drew up the papers in Urdu script, and all the necessary signatures and thumbprints had to be put on. Then he explained that it was a custom that when land was taken over, *a Bajanewala* (one who plays a musical instrument) had to be appointed to go around and beat a drum to call all the people together just like a town crier. They said it was usually done by the zemindar or the sweeper of the place. So they called our sweeper, Sumerta, and gave him a big tin can and he went out telling everyone that the land was ours now.

Sr. M. Charles, R. N., New Delhi, India

Sr. M. Charles, R. N., enjoys the snake charmer.

dispensary joe

There was great rejoicing today in the nursery because a little boy spoke for the first time in six weeks. He was left here in the Dispensary one morning. Sr. M. Bernadette noticed him sitting in the corner. He was all alone. As time

passed and the child still sat there, Sister began to make inquiries. No one came forth to claim the child. Finally, it was 12:30 and time to close. All the patients had gone. The little non-moving huddle in the corner remained. Sr. M. Bernadette picked him up and brought him to my office. What a pathetic sight. A big running sore on his nose, his eyes infected, a big rickety head, skinny legs and no sound, just trembling.

Sister cleaned him up a bit, gave him some candy and then took him to the police station nearby. (Mr. Lynch of Yonkers, New York, along with some clothing, always includes some candy for the poor. I wish he could have seen this child eating the candy.) Soon Sister returned. The Police had given us permission to keep him and "Dispensary Joe," as he was named, joined our nursery family.

At first, when people approached his bed, he pushed them away, but not a sound escaped his lips. We decided that he was deaf and dumb. In a week, he stopped pushing people away, but still, silence. After a few days, he smiled. Today, after six weeks, he said, "Chacha" (uncle) when the bearer brought the food cart. He readily responds to his name. He is not deaf and dumb at all, but a little boy who was too scared to talk. One hates to think of what this child must have endured before he was left in the Dispensary. Sr. M. Dolores, R. N.

Sr. M. Bernadette and Joe
Rawalpindi, Pakistan.

These Sisters Made Vows

FIRST VOWS—PHILADELPHIA

Sr. M. Anselm Donnelly, Phila., Pa.
Sr. M. Augustina Dolan, B.S., New York, N. Y.
Sr. M. Beatrix Milla, M.D., Vienna, Austria
Sr. M. Carmela Canlas, R.N., Dumaquete City, P. I.
Sr. M. Cephas Hanks, B.S.N.E., Swoyerville, Pa.
Sr. M. Dunstan Barton, Detroit, Michigan
Sr. M. Esther Thaden, Tacoma, Washington
Sr. M. Geraldine Pellowski, Winona, Minn.
Sr. M. Irene Schulties, Elizabeth, N. J.
Sr. M. Josette Peil, B.S., Racine, Wisc.
Sr. M. Joyce Fox, Hatfield, Pa.
Sr. M. Lea Collings, B.S.N., San Francisco, Cal.
Sr. M. Luke Gray, M.D., West Hartford, Conn.
Sr. M. Malachy Coughlin, Union City, N. J.
Sr. M. Rachel Poirot, Amarillo, Texas
Sr. M. Sheila Parker, Glenview, Illinois
Sr. Marie Therese Monahan, R.N., New York, N. Y.

FIRST VOWS—INDIA

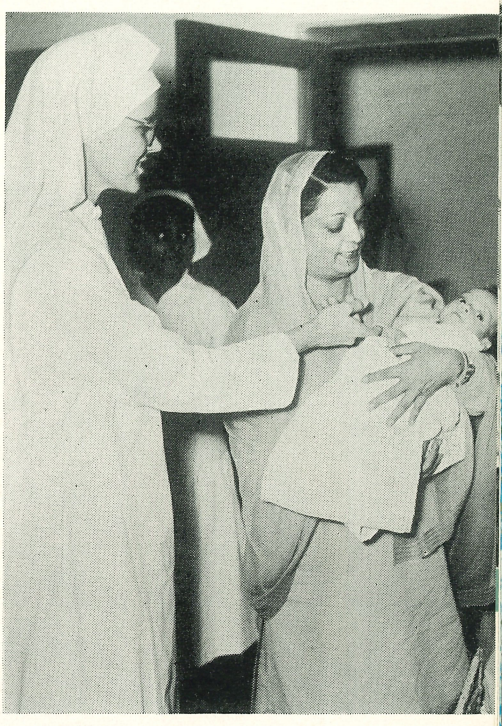
Sr. Marie F. Antoinette da Sa, Poona
Sr. M. T. Bartholomew Punnathanam, Malabar
Sr. M. T. Bibiana Kallapallil, Malabar
Sr. M. T. Colette Plamoothil, Malabar
Sr. M. T. Helen Kanicherril, Malabar

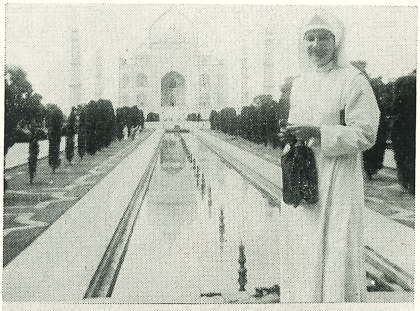
FINAL VOWS—PHILADELPHIA

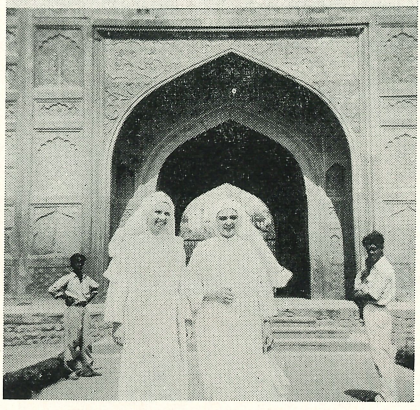
Sr. M. Celeste DiGiorgio, Phila., Pa.
Sr. M. Declan Ruttle, B.S.N., Covington, Ky.
Sr. M. Kevin O'Connor, Providence, R. I.
Sr. M. Lawrence McKenna, Bergenfield, N. J.
Sr. M. Leonard Harmon, R. T., X-ray Catonsville, Md., (in Venezuela)
Sr. M. Teresita Hinnegan, R.N., Phila., Pa., (in Dacca, Pakistan)

Medical Mission News Pictures

Begum Liaquat Ali Khan visits the Holy Family Hospital, Karachi, of which she laid the cornerstone in Sept. 1951. Sr. M. Roberta, R. N., admires the baby.







Sr. M. Carmel, R. N., visits the Taj Mahal. Sisters Clare and Rupert, M. D., in a close-up view, of one of the wonders of the world built by a Muslim for his wife.

The 18 Sisters who made their first vows on February 11th at the Motherhouse in Phila. His Excellency, Bishop Joseph McShea, D. D., of Philadelphia, presided at the ceremony.

MEDICAL

TWO THIRDS OF THE WORLD LIVE IN A PERMANENT STATE OF HUNGER

Two Worlds or One?

Progress in the speed of travel and communications emphasizes the lesson of *one* world, but two widely contrasting worlds continue to exist side by side: the world of good health, long life, and high standards of living; and the other world of hunger, disease and premature death.

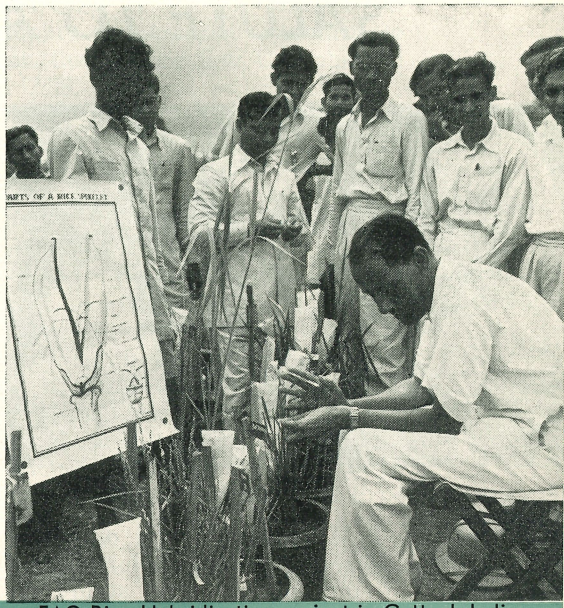
The United States now has surpluses in food totalling 5,000 million dollars. Canada and Australia have surplus wheat; Burma is economically embarrassed by its surplus rice. On the other hand, many people of the world live in a permanent state of hunger, such as millions in India and China; not to forget, a considerable portion of our neighbors next door in Haiti and Mexico.

Birth control and war are false solutions to this problem of World Hunger. Only capital, and skilled manpower are needed to make Asia the world's granary.

Malnutrition is a widespread scourge in Guatemala.

MISSION WORLD

Universal Charity can make ONE WORLD



FAO Rice Hybridization project in Cuttack India, for improving yields of rice.

A woman's work is never done. Berber woman harvesting crops.

The Problem of world hunger can now "be faced squarely and one can hope to solve it with the *collaboration of governments,*" the Holy Father told Delegates attending the 8th Conference of the U.N. Food and Agriculture Organization.

"Nations favored either by nature or the progress of civilization risk experiencing a day of hard re-awakening if they do not make efforts from now on to give less fortunate peoples the means to live humanly and with dignity, and to develop themselves . . .

"Spreading this sense of collective responsibility among many people and nations and above all, causing enlightened and generous interventions is a high and noble task."

The Holy Father said he recognized in this international work an authentic aspect of the Charity that Christ showed in His Life and death and which He wished to make the mark of all Christians. "This universal and unselfish Charity, reaching even the degree of sacrifice, cannot find root except in the love God Himself has for men . . ."

SALUTE TO A MISSION NURSE

Sr. M. Michaela, R. N., capping nurses, Dacca, Pakistan.

THERE'S a world of difference between the cold North of Newfoundland and the sunny shores of the Brahmaputra in Bengal but Sr. M. Michaela Healy is equally at home in both.

Like a number of other Medical Mission Sisters, Sr. M. Michaela is a former Army nurse, having served with the Royal Canadian Army Corps during World War II. However, she claims the distinction of being the only "Leftenant" in the group.

After completing her novitiate in Philadelphia, Sr. M. Michaela was assigned to East Pakistan. She joined the staff of St. Michael's Hospital in Mymensingh in 1952. Always appreciative of good humor even when the joke is on herself, which it frequently is, Sr. M. Michaela's companions all agree that her slow smile and the clever remarks that keep everyone laughing have lightened the hardships of many trying days.

After working in Mymensingh for a year, Sister was called to Dacca to replace Sr. M. Bernard when the latter became ill. During the long and tedious days of Sr. M. Bernard's illness, Sr. M. Michaela cared for her and there seemed to be no end to the small services she performed to make the sick Sister a bit more comfortable.

Sr. M. Michaela did her share of visiting offices to obtain the necessary permits for building materials during the pioneering days of Holy Family Hospital, Dacca. The little Bengali children along the way came to expect a word and a pat on the head from the tall Sister who passed by them with what they considered "lightning" speed.

Now that the Dacca Hospital is ready to admit patients, Sr. M. Michaela's trips about the city will be fewer. Duties now include caring for the sick and instructing the hospital's first class of student nurses. Like every other nursing supervisor, Sr. M. Michaela has busy days ahead. Against the background of tropical Bengal, her activities will have the added "spice of life" that "seasons" mission nursing for Sr. M. Michaela.

one, sometimes family by family, sometimes village by village.

There is a tropical beauty about the country, however, that seems to compensate in part for the poverty and suffering of its inhabitants. The luxuriant patches of green rice and jute fields, the brown clusters of thatched bamboo huts set in the dark shade of the ever-green banana, coconut and palm trees, the watery highways dotted with the lazily gliding, hand or sail-propelled river craft! No wonder the Emperor Aurangzeb in the 18th century spoke of Bengal as "The Paradise of nations." A paradisaic scenery does not of itself, of course, dispel poverty and misery, but it does perhaps contribute considerably toward making the simple, suffering life of the East Pakistanis more tolerable, and toward making them the friendly, cheerful and lovable people that they are.

Christianity was first introduced into Bengal in the 16th century. Missionaries had accompanied the Portuguese explorers when they settled in southern India, particularly Goa (1510). Before long Portuguese Jesuits from Goa went as far north as Bengal. In 1580 they arrived at the Court of Akbar, the great of Moghul Emperors, and later, still in the 16th century, Augustinians also arrived there. In 1612 the Augustinians built the first Catholic Church in what is present day East Pakistan. By the end of the 17th century Christians in Bengal numbered probably about 25,000 — at a time when there were few Catholics in the U. S.

When the Vicariate Apostolic of East Bengal was erected, in 1850, the new Vicar Apostolic, Bishop Oliffe, S. J. found himself with only three priests to care for about 13,000 Catholics. His appeal to Rome for missionaries resulted in the acceptance of that mission field by the recently founded religious community, the Congregation of Holy Cross. In 1852 the first Holy Cross missionaries left for East Bengal.

Since 1950 East Pakistan enjoys the status of an Ecclesiastical Province. Its Archbishop is Archbishop Lawrence L. Graner, C.S.C. Archbishop of the Metropolitan See of Dacca.

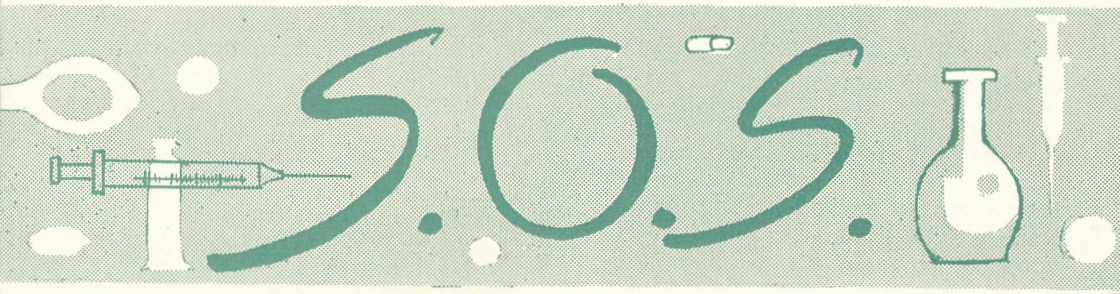
The work of the Church in East Pakistan has grown steadily through the years, and at present Catholics number about 100,000. In the Archdiocese of Dacca alone there are about 12,000 pupils enrolled in the mission schools, which include two colleges, one for boys and one for girls. I would personally like to say a word about the Medical Mission Sisters who have been working with our Holy Cross missionaries in East Bengal since 1930. These Sisters have been truly *life-savers,* not only for many Bengalis, but also for some of our missionaries, including myself. Were it not for these "White Angels," as the Bengalis affectionately call them, I would probably not be here today to write this article.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of ..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.



Antibiotics

For Thuruthipuram in S. India where penicillin is needed for pneumonias and streptomycin for their many T.B. patients. Medicine to care for a patient for a week $1.00

Balance

For Mymensingh in the Jungle (Harvard-Trip balance) $16.75

Chapel Needs

1 Cope for Kokofu Leprosarium
1 Altar crucifix $25.00

Drinking Tubes

For patients in Poona Dispensary,
1 gross $12.00

Instruments for our Doctors

Transfusion set, Berekum $60.00
Stethescope (Bowles) $3.00
Irrigator for Techiman $50.00
Mayo curved scissors (6) for Karachi $3.00

Hospital Furnishings

Beds for ward in Kodarma, just opened ..... 25 at $40.00

Linens for Kokofu Leprosarium: Sheets, pillow cases, hand towels, bath towels, wash clothes, etc. Any amount welcome.

Oxygen Tent

For Holy Family Hosp., Dacca .... $500.

Rubber Gloves

3 doz. needed for Immaculate Heart of Mary Hosp. $15.00

Tongue Depressors

5 M for Pindi Dispensary $9.60

Vitamins

500,000 needed for our patients suffering from malnutrition ..... at 1c ea.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here are $_____ for your mission Hospital needs.

Name _____

Address _____

City _____ Zone ____ State _____

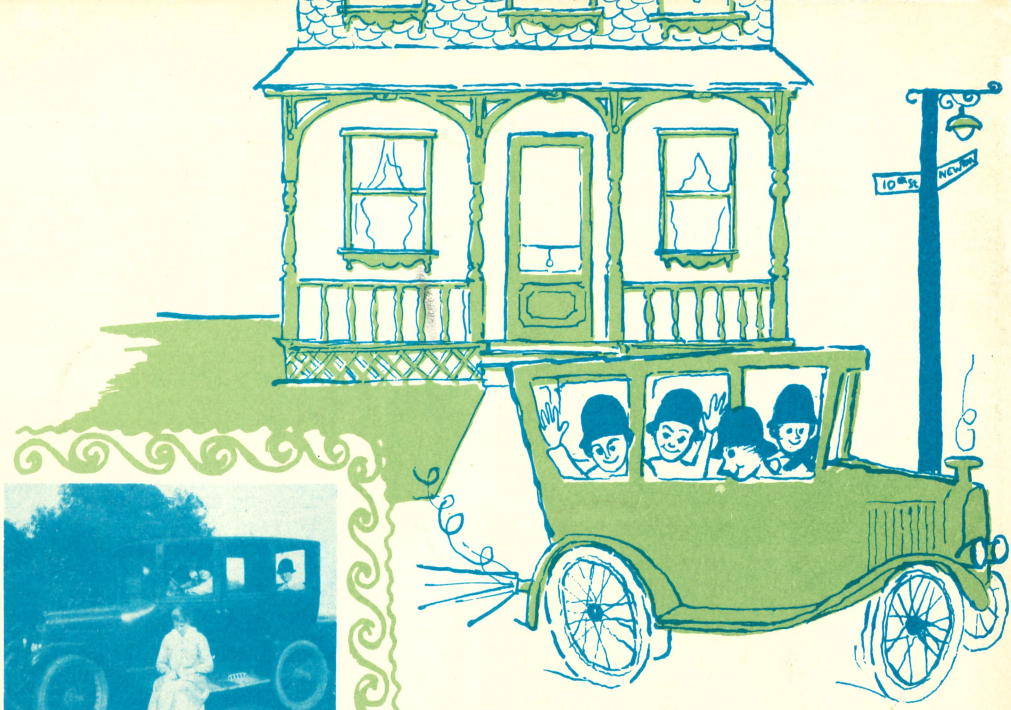
She said: How can I have a son when no mortal hath touched me, neither have I been unchaste?

He said: So (it will be). Thy Lord saith: It is easy for Me. And (it will be) that We make of him a revelation for mankind and a mercy from Us, and it is a thing ordained.

And she conceived him, and she withdrew with him to a far place.

("Mary" in the Koran.)

A copy of this Madonna, attributed to St. Luke, hung in Akbar's palace in 1580.



Our first car "Jesse."

Gone are the Days . . . .

Dear Friend:

Gone are the days when we were four. Now there are over 125 Sisters at the Motherhouse. And we need more room! If so many Sisters didn't leave for the missions each year, we would never have managed up to now. There are always new Sisters waiting to take their beds.

Please help us to provide for our growing family here at the Motherhouse — that we may be able to help build a better world for the sick in the missions.

Gratefully yours in Christ,

MOTHER ANNA DENGEL, M. D.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Mother Dengel:

I want to be a builder with you in your work. Here is $ . . . . . towards that end.

Name . . . . . .

Address . . . . . .

City . . . . . .